

RCRA Compliance Evaluation  
Inspection

Siouxland Implement  
Ireton, Iowa 51027



R00151974  
RCRA RECORDS CENTER

RCRA COMPLIANCE EVALUATION INSPECTION

PREPARED FOR

U. S. ENVIRONMENTAL PROTECTION AGENCY, REGION VII

TOXIC AND WASTE MANAGEMENT DIVISION

COMPLIANCE AND RESPONSE BRANCH

RCRA COMPLIANCE EVALUATION INSPECTION

FACILITY DESCRIPTION

Facility:	Siouxland Implement Company Hwy 10 Box 38 Ireton, Iowa 51027
EPA Identification Number:	IAD022206890
Date of Inspection:	18 August 1987
Inspectors:	Rosemary Glenn, Geologist Terry Hagen, Civil Engineer Jacobs Engineering Group, Inc.
Facility Representative:	Floyd Fretz, Service Manager

## TABLE OF CONTENTS

	<u>Page</u>
1.0 INTRODUCTION.....	1
2.0 PARTICIPANTS.....	1
3.0 INSPECTION PROCEDURES.....	1
4.0 FACILITY DESCRIPTION.....	2
4.1 RCRA STATUS.....	2
5.0 OBSERVATIONS.....	2
5.1 WASTE STREAMS.....	2
5.2 RECORDS.....	4
6.0 SITE INVESTIGATION.....	4
7.0 FINDINGS AND CONCLUSIONS.....	4

LIST OF ATTACHMENTS

ATTACHMENT A	CREDENTIALS AND DESIGNATION LETTER
ATTACHMENT B	SIOUXLAND IMPLEMENT NOTIFICATION OF HAZARDOUS WASTE ACTIVITY
ATTACHMENT C	SAFETY-KLEEN 105 SOLVENT-MS MATERIAL SAFETY DATA SHEETS
ATTACHMENT D	SAFETY-KLEEN SERVICING INVOICES
ATTACHMENT E	EPA REGION VII COMPLIANCE EVALUATION INSPECTION CHECKLIST.
ATTACHMENT F	SIOUXLAND IMPLEMENT RECORD OF PHOTOGRAPHS

## 1.0 INTRODUCTION

On August 18, 1987, a RCRA Compliance Evaluation Inspection (CEI) was performed by Jacobs Engineering Group Inc. (Jacobs) personnel at Siouxland Implement Co., Ireton, Iowa, under the Technical Enforcement Support (TES) IV Contract, Work Assignment Number 286, for the Environmental Protection Agency, Region VII. The inspection was conducted under the authority of Section 3007 of the Resource Conservation and Recovery Act (RCRA) as amended.

This investigation consists of a discussion of the facility's RCRA background, a summary of the facility's reported management practices, observations made during the investigation, and investigation and document review findings. The investigation report is supplemented with photographs to support some of the observations. Documentation requested from Siouxland Implement during the visit and a copy of the RCRA Compliance Inspection Report Generator's Checklist are provided as report attachments.

## 2.0 PARTICIPANTS

Inspection of Siouxland Implement's RCRA hazardous waste management procedures was conducted on August 18, 1987 by Rosemary Glenn and Terry Hagen of Jacobs. Jacobs personnel were met by Mr. Floyd Fretz, Service Manager for Siouxland Implement Company.

## 3.0 INSPECTION PROCEDURES

Upon arrival at Siouxland Implement, Jacobs personnel presented to Mr. Fretz their letters of introduction (Attachment A). Also at this time, Jacobs personnel explained the purpose and format of the CEI to Mr. Fretz. During this discussion it was explained that Siouxland Implement was entitled to declare certain information as Confidential Business Information (CBI). Mr. Fretz declined to claim CBI.

During the initial in-briefing, Mr. Fretz gave a brief description of the processes and activities presently occurring at Siouxland Implement. The inspection consisted of two parts: a review of relevant documents and a visual inspection of the facility. At the end of the inspection, Jacobs personnel reviewed their findings and observations with Mr. Fretz.

#### 4.0 FACILITY DESCRIPTION

As described by Mr. Fretz, Siouxland Implement sells and services a number of different types of farm implements, such as combines, plows, etc.

##### 4.1 RCRA Status

An EPA Notification of Hazardous Waste Activity (Attachment B) was submitted by Siouxland Implement on October 22, 1986. This was acknowledged by EPA on November 3, 1986. The facility notified as a full quantity generator of F002, F004, and D001 hazardous wastes.

Upon inquiry by Jacobs personnel, Mr. Fretz stated that he did not recall submitting the Notification of Hazardous Waste Activity. He also did not know how the determination that Siouxland Implement was generating F002, F004, and D001 wastes was made.

#### 5.0 OBSERVATIONS

##### 5.1 Waste Streams

As indicated by Mr. Fretz and observed by Jacobs personnel, Siouxland Implement generates at least four waste streams. A description of each is given below.

- o Miscellaneous paper/cardboard, etc. (i.e. normal trash).

These wastes are transported to and disposed of at a local sanitary landfill.

- o Scrap metal and batteries.

These wastes are purchased from Siouxland Implement by a recycling company. They are stored on site until that time at which they are removed by the recycler.

- o Used engine oil.

These wastes are purchased from Siouxland Implement by a recycling company. They are stored in drums on-site until that time at which they are removed by the recycler.

o Used cleaning solvents.

These solvents are used in "parts washers" manufactured by Safety-Kleen Corp., headquartered in Elgin, Illinois. Siouxland Implement is serviced by Safety-Kleen's office in Sioux Falls, South Dakota. The parts washers utilize Safety-Kleen 105 Solvent-MS. The solvent is considered to be an ignitable (D001) hazardous waste as indicated by the subject Material Safety Data Sheet (Attachment C).

The facility maintains two parts washers with 30 gallon solvent reservoirs (Photograph 1). The solvent is pumped from a drum-type reservoir up to a sink that rests on top of the drum. The solvent is sprayed over parts being washed and collects in the sink which drains directly into the solvent reservoir.

The facility also maintains a washer with a 16 gallon solvent reservoir (Photograph 2). The solvent is maintained in an open tank-like container. Parts may be placed directly in the solvent reservoir or sprayed by solvent that is pumped from, and returned directly to, the solvent reservoir. For all three parts washers, the solvent is used until removed by Safety-Kleen.

The possibility of a spill exists, particularly with the washers utilizing the 30 gallon reservoir. However, Mr. Fretz stated that, to the best of his knowledge, no spills have occurred involving the parts washers in the time since they were put into operation.

Safety-Kleen services the parts washers every six to eight weeks as part of a routine servicing program. Safety-Kleen removes the spent solvent from the reservoirs and replaces it with new solvent. The Safety-Kleen invoices (Attachment D) obtained from Siouxland Implement confirm the six to eight week servicing schedule. Rough calculations based on the referenced invoices indicate that Siouxland Implement generates approximately 235 kg of solvent waste each servicing period. These calculations were based on 76 gallons of waste at 8 lbs/gallon. This would place Siouxland Implement in the 100 kg to 1000 kg per month generator range.

## 5.2 Records

Under 40 CFR 262.20 (e)(2), as a 100 Kg to 1000 Kg a month generator serviced by Safety-Kleen, Siouxland Implement must maintain a copy of the reclamation agreement. Mr. Fretz could not locate the agreement at the time of the inspection. A Notification of Violation was not issued because Mr. Fretz thought he might be able to find it, given more time. He has since indicated that the agreement could not be located. The facility keeps records for five years and has been doing business with Safety-Kleen for a longer time period than this. The facility does keep the earlier-referenced invoice sheets indicating servicing schedule and activities.

## 6.0 SITE INVESTIGATION

A visual inspection of the Siouxland Implement facility was performed. No waste streams, except for those previously identified, were observed. There was no visual evidence of recent spills, leaking drums, or other relevant abnormalities. During the visual inspection, Mr. Fretz stated there were no solvent wastes stored on site, and no solvent storage was observed by Jacobs personnel.

A drum with a sealable lid containing an unknown material (Photograph 3) was observed in the implement service area. Mr. Fretz said this was a "dip tank" that contained a "weak acid" substance. There were no analysis sheets or Material Safety Data Sheets available for the substance. This material is used to clean corrosion off of metal parts. He further stated that Siouxland has not disposed of and have no plans to dispose of any such material. The substance is still being used and therefore is not a waste at this time. Mr. Fretz was advised to contact EPA prior to disposing the drum should Siouxland ever decide to do so in the future.

## 7.0 FINDINGS AND CONCLUSIONS

All portions of the CEI checklist which were applicable to Siouxland Implement were completed during the day's inspection (Attachment E). Sections of the checklist that were not applicable to the facility are so marked.

A Notice of Violation form was not issued to the facility. However, it appears that Siouxland Implement is in violation of 40 CFR 262.20 (e)(2) which requires that they keep a copy of their contractual agreement with Safety-Kleen Corporation.



The facility generates approximately 235 kg of waste every six to eight weeks. They are considered a 100 kg to 1000 kg generator of hazardous waste and subject to applicable portions of 40 CFR 262.

A potential area of concern is the drum containing the unknown material used as a "dip tank." Although the material is still in use and thus is not a waste at this time, its eventual ultimate disposition may be an area of concern. Again, Mr. Fretz has stated there are currently no plans to dispose of this material.

ATTACHMENT A  
CREDENTIALS AND DESIGNATION LETTER



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

REGION VII  
726 MINNESOTA AVENUE  
KANSAS CITY, KANSAS 66101

MAY 04 1987

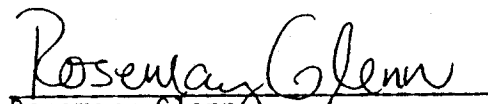
To Whom It May Concern:


This certifies that Rosemary Glenn whose signature and physical description appear below, is designated an authorized contractor of the U.S. Environmental Protection Agency for the period of April 1, 1987 through September 30, 1987. This person is hereby authorized to conduct these official investigations and inspections pursuant to Section 3007 of the Resource Conservation and Recovery Act (RCRA).

Section 3007(b) of RCRA and 40 C.F.R. Part 2, define the Agency's policies regarding protection of trade secrets and confidential information.

Age:	38
Height:	5 foot 4 inches
Weight:	105 pounds
Color of Hair:	Brown
Color of Eyes:	Brown

Affiliation: Jacobs Engineering Group Inc.

  
Rosemary Glenn

  
David A. Wagoner  
Director, Waste Management Division  
U.S. Environmental Protection Agency-Region VII



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

REGION VII  
726 MINNESOTA AVENUE  
KANSAS CITY, KANSAS 66101


RCRA Compliance Evaluation Inspections  
Credentials and Designation

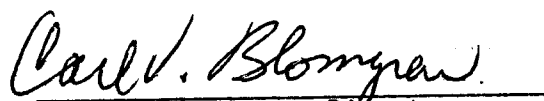
To Whom It May Concern:

This certifies that Terence D. Hagen, whose signature appears below, is designated an authorized contractor of the U.S. Environmental Protection Agency for the purpose of conducting RCRA Facility Assessments (RFA) for the period July 1, 1987 through September 30, 1987. This person is hereby authorized to conduct these official investigations pursuant to Section 3007 of the Resource Conservation and Recovery Act (RCRA).

Section 3007(b) of RCRA and 40 CFR Part 2 define the Agency's policies regarding protection of trade secrets and confidential information.

Age: 23  
Height: 6 foot 3 inches  
Weight: 195 lbs  
Color of Hair: brown  
Color of Eyes: blue

  
Terence D. Hagen  
Designated Contractor  
Jacobs Engineering Group

  
FOR David A. Wagoner, Director  
Waste Management Division  
U.S. Environmental Protection  
Agency-Region VII

ATTACHMENT B

SIOUXLAND IMPLEMENT NOTIFICATION OF

HAZARDOUS WASTE ACTIVITY

United States Environmental Protection Agency  
Washington, DC 20460Please refer to the instructions for  
Filing Notification before completing  
this form. The information requested  
here is required by law (Section  
3010 of the Resource Conservation  
and Recovery Act).**EPA Notification of Hazardous Waste Activity****For Official Use Only**

Installation's EPA ID Number										Approved		Date Received (yr. mo. day)		167 Sioux	
IAD022206890												861028			

**I. Name of Installation**

Siouxland Implemment

**II. Installation Mailing Address**

Hwy 10 Box 38										City or Town		State		ZIP Code	
Ireton												IA		51027	

**III. Location of Installation**

Hwy 10 Box 38										City or Town		State		ZIP Code	
Ireton												IA		51027	

**IV. Installation Contact**

Name and Title (last, first, and job title)										Phone Number (area code and number)					
Floyd Fretz SUCMAN										7122782351					

**V. Ownership**

A. Name of Installation's Legal Owner										B. Type of Ownership (enter code)					
Bud Vreeman										P					

**VI. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to instructions.)**

<b>A. Hazardous Waste Activity</b>		<b>B. Used Oil Fuel Activities</b>	
<input checked="" type="checkbox"/> 1a. Generator	<input type="checkbox"/> 1b. Less than 1,000 kg/mo.	<input type="checkbox"/> 6. Off-Specification Used Oil Fuel (enter 'X' and mark appropriate boxes below)	
<input type="checkbox"/> 2. Transporter		<input type="checkbox"/> a. Generator Marketing to Burner	
<input type="checkbox"/> 3. Treater/Storer/Disposer		<input type="checkbox"/> b. Other Marketer	
<input type="checkbox"/> 4. Underground Injection		<input type="checkbox"/> c. Burner	
<input type="checkbox"/> 5. Market or Burn Hazardous Waste Fuel (enter 'X' and mark appropriate boxes below)		<input type="checkbox"/> 7. Specification Used Oil Fuel Marketer (or On site Burner) Who First Claims the Oil Meets the Specification	
<input type="checkbox"/> a. Generator Marketing to Burner			
<input type="checkbox"/> b. Other Marketer			
<input type="checkbox"/> c. Burner			

**VII. Waste Fuel Burning: Type of Combustion Device (enter 'X' in all appropriate boxes to indicate type of combustion device(s) in which hazardous waste fuel or off-specification used oil fuel is burned. See instructions for definitions of combustion devices.)**

<input type="checkbox"/> A. Utility Boiler	<input type="checkbox"/> B. Industrial Boiler	<input type="checkbox"/> C. Industrial Furnace
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**VIII. Mode of Transportation (transporters only — enter 'X' in the appropriate box(es))**

<input type="checkbox"/> A. Air	<input type="checkbox"/> B. Rail	<input type="checkbox"/> C. Highway	<input type="checkbox"/> D. Water	<input type="checkbox"/> E. Other (specify)
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**IX. First or Subsequent Notification**

Mark 'X' in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your installation's EPA ID Number in the space provided below.

<input checked="" type="checkbox"/> A. First Notification	<input type="checkbox"/> B. Subsequent Notification (comp. m C)	C. Installation's EPA ID Number					

ID — For Official Use Only												
C											T/A	C
W												1

### X. Description of Hazardous Wastes (continued from front)

A. Hazardous Wastes from Nonspecific Sources. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from nonspecific sources your installation handles. Use additional sheets if necessary.

1 F002	2 F004	3 D001	4	5	6
7	8	9	10	11	12

B. Hazardous Wastes from Specific Sources. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific sources your installation handles. Use additional sheets if necessary.

13	14	15	16	17	18
19	20	21	22	23	24
25	26	27	28	29	30

C. Commercial Chemical Product Hazardous Wastes. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31	32	33	34	35	36
37	38	39	40	41	42
43	44	45	46	47	48

D. Listed Infectious Wastes. Enter the four-digit number from 40 CFR Part 261.34 for each hazardous waste from hospitals, veterinary hospitals, or medical and research laboratories your installation handles. Use additional sheets if necessary.

49	50	51	52	53	54
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E. Characteristics of Nonlisted Hazardous Wastes. Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See 40 CFR Parts 261.21 — 261.24)

☒ 1. Ignitable  
(D001)

☐ 2. Corrosive  
(D002)

☐ 3. Reactive  
(D003)

☒ 4. Toxic  
(D000)

### XI. Certification

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

Signature

*Floyd Z. [Signature]*

Name and Official Title (type or print)

*Devin M. [Signature]*

Date Signed

*10-22-86*

EPA Form 8700-12 (Rev. 11-85) Reverse

RECEIVED

OCT 28 1986

IOWA SECTION

ATTACHMENT C

SAFETY-KLEEN 105 SOLVENT-MS

MATERIAL SAFETY DATA SHEET



**MATERIAL SAFETY DATA SHEET**  
**SAFETY-KLEEN CORP.**  
 777 Big Timber Rd.  
 Elgin, IL 60120



**IDENTITY (As Used on Label and List)**  
 Safety-Kleen 105 Solvent-MS

*Note: Blank spaces are not permitted. If any item is not applicable, or no information is available, the space must be marked to indicate that.*

**Section I**

Part #6617

**Manufacturer's Name**  
 Safety-Kleen Corp.

**Emergency Telephone Number**  
 312/697-8460

**Address (Number, Street, City, State, and ZIP Code)**  
 777 Big Timber Road

**Telephone Number for Information**  
 312/697-8460

Elgin, Illinois 60120

**Date Prepared**  
 11/6/85

**Signature of Preparer (optional)**

**Section II — Hazardous Ingredients/Identity Information**

Hazardous Components (Specific Chemical Identity; Common Name(s))	OSHA PEL	ACGIH TLV	Other Limits Recommended	% (optional)
Mineral Spirits	500 ppm	100 ppm	-	99.9+
Dye	Unk.	Unk.	-	0.003
Anti-Static Agent	Unk.	Unk.	100 est.	1 ppm

**Section III — Physical/Chemical Characteristics**

<b>Boiling Point</b>	310-400°F	<b>Specific Gravity (H<sub>2</sub>O = 1)</b>	0.775-0.795
<b>Vapor Pressure (mm Hg.)</b> @ 68°F	2	<b>Melting Point</b>	N/A
<b>Vapor Density (AIR = 1)</b>	4.9	<b>Evaporation Rate</b> (Toluene = 1)	0.2

**Solubility in Water**

Negligible.

**Appearance and Odor**

Clear green liquid with characteristic hydrocarbon odor.

**Section IV — Fire and Explosion Hazard Data**

<b>Flash Point (Method Used)</b> 105°F TCC	<b>Flammable Limits</b>	<b>LEL</b> 0.7	<b>UEL</b> 6.0
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**Extinguishing Media**

CO<sub>2</sub>, foam, dry chemical, water (mist only)

**Special Fire Fighting Procedures**

None.

**Unusual Fire and Explosion Hazards**

None.

**Section V — Reactivity Data**

Stability	Unstable		Conditions to Avoid
	Stable	X	Heat, sparks, flame and fire.

Incompatibility (Materials to Avoid)

Strong oxidizing agents.

Hazardous Decomposition or Byproducts

Normally none; however, incomplete burning may yield carbon monoxide.

Hazardous Polymerization	May Occur		Conditions to Avoid
	Will Not Occur	X	

**Section VI — Health Hazard Data**

Route(s) of Entry:	Inhalation? yes	Skin? no	Ingestion? yes
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Health Hazards (Acute and Chronic)

Skin - can cause drying of skin. Eyes - severe irritant. Inhalation - excessive inhalation can cause headache, dizziness and nausea. Ingestion - harmful or fatal if swallowed.

Carcinogenicity:	NTP?	IARC Monographs?	OSHA Regulated?
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Not a known or potential carcinogen.

Signs and Symptoms of Exposure

Drying of skin, eye irritation, headache, dizziness, nausea.

Medical Conditions

seriously Aggravated by Exposure Unknown.

Emergency and First Aid Procedures

Skin - Wash with soap and water. Eyes -- Irrigate with water. Inhalation - Remove to fresh air source and call a physician. Ingestion - DO NOT induce vomiting. Call a physician.

**Section VII — Precautions for Safe Handling and Use**

Steps to Be Taken in Case Material is Released or Spilled

Catch and collect for recovery as soon as possible. Avoid exposure to sparks, fire, flame, hot surfaces.

Waste Disposal Method

Dispose of in accordance with company, local, state and federal regulations.

Precautions to Be Taken in Handling and Storing

Combustible. Keep away from heat, sparks, flame. Use with adequate ventilation. Avoid long and repeated contact with skin. If clothes are inadvertently saturated with solvent-

Other Precautions

DO NOT SMOKE- keep away from ignition sources. Keep out of reach of children.

**Section VIII — Control Measures**

Respiratory Protection (Specify Type)

Self-contained breathing apparatus for concentrations above TLV limits.

Ventilation	Local Exhaust	Special
	Normal room ventilation.	None.
	Mechanical (General)	Other
	None.	None.

Protective Gloves In cases of prolonged contact, wear rubber gloves.

Eye Protection

Yes - eyeglasses, safety glasses.

Other Protective Clothing or Equipment

N/A

Work/Hygienic Practices

Do not smoke while using this solvent.

ATTACHMENT D

SAFETY-KLEEN SERVICING INVOICES

CO NUMBER		CUSTOMER NAME		312/697-8460	
-183-05-20823		SIouxLAND IMPL		ADDRESS CORRECTION REQUESTED	
CHK NO./SERVICE	QUANTITY	UNIT COST	TOTAL	CUST. ORDER NO	
144383			41.50	08-07-87 INVOICE NUMBER 961062	
36971			55.50		
36972			55.50		
ALES		INVOICE AMOUNT		Pa 8	
AX UD					

FIRST CLASS MAIL  
U.S. POSTAGE PAID  
POST CARD RATE  
PERMIT 728  
ELGIN, ILL.

SCHEDULED E WEEK			SCHEDULED SERVICE TERRITORY			REFERENCE NUMBER		
31			03-07			761002		
ANIFEST NUMBER			XXXXXX					

AX  
UD  
SINE  
YPE

CHAIN

CUSTOMER P.O. NUMBER

08-22-87

\$152.50

	PREVIOUS BALANCE	PORTION OVER 60 DAYS
X		
ICE TAX	G.O.M.S. TAX	PRODUCT TAX
		.04

8	NO	712-278-2351	NO	YES	501 001
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**MACHINE SERVICE SECTION**

[illegible]

**TOTAL  
SERVICE SECTION**

TOTAL SERVICE SECTION	\$152.50	GENERATOR USA EPA ID NO.	GENERATOR STATE ID NO.	16-420-4272
		IAD022206890		
CONTAINERS UNIFORM HAZARDOUS WASTE MANIFEST INFORMATION				

SPPW  
TANKS  
DF

CONTAINERS

16 GAL  
NO DM

30 GAL  
NO DM

US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)  
Waste, Petroleum Naphtha, Combustible Liquid, UN 1255  
Waste, Compound, Cleaning, Liquid, Corrosive Material, NA 1760

I certify that my hazardous waste average total less than 220 pounds (100 kg) for this calendar month and that I am not required to obtain an EPA identification number.

**GENERATOR'S INITIALS** \_\_\_\_\_

Total Quantity = Number of Drums x Ave. Wt/Drum of: Pails **35**, SSPW **27**, 16 Gal. **45**, 30 Gal. **80**  
 DESIGNATED FACILITY NAME AND ADDRESS: **SAFETY-KLEEN CORP.**

SIGNATURE OF FACILITY NAME AND ADDRESS:		SAFETY-KLEEN CORP.		USA EPA ID NO.		S00000716696	
100 N WESTPORT AVE		SIOUX FALLS, SD 57107		STATE ID NO.			

**PRODUCT SALES SECTION**

PRODUCT NUMBER	DEALER PRICE	U/M	QUANTITY DELIVERED	SALES AMOUNT	TAX	LINE TOTAL
101	43.50CS					
104	49.00CS					
105	47.50CS					
106	49.00CS					
107	43.50CS					
108	49.00CS					
602	7.75EA					
604	15.50EA					
610	2.78EA					
611	2.78EA					
619	3.77EA					
666	48.00BX					
666	17.00BX					

[illegible]

PAYMENT RECEIVED SECTION		
CASH <input type="checkbox"/>	TOTAL RECEIVED	APPLY PAYMENT TO:
CHECK NUMBER		
		<input type="checkbox"/> TODAY'S SERVICE/SALE <input type="checkbox"/> PREVIOUS BALANCE AS FOLLOWS

# _____	AMOUNT \$ _____
# _____	AMOUNT \$ _____
# _____	AMOUNT \$ _____

TOTAL PRODUCT AMOUNTS					
CHARGE MY ACCOUNT FOR THIS TRANSACTION UNLESS OTHERWISE INDICATED IN THE PAYMENT RECEIVED SECTION. ALSO I HAVE NOTED THE MACHINE INSPECTION SECTION ABOVE AND THE PRESENCE OF MACHINE, SOLVENT AND RECLAMATION AGREEMENT INFORMATION ON THE REVERSE SIDE. THE ABOVE AMOUNT IS SUBJECT TO AN INTEREST CHARGE OF THE LESSOR OF 1½% PER MONTH (18% PER ANNUM) OR THE MAXIMUM RATE ALLOWED BY LAW ON ANY UNPAID INVOICES THAT ARE NOT PAID WITHIN 30 DAYS.		TOTAL SERVICE AMOUNT (FROM ABOVE)			
		TOTAL DUE		152 <sup>50</sup>	
		IN THE EVENT OF DEFAULT, SAFETY-KLEEN SHALL BE ENTITLED TO RECOVER COSTS OF COLLECTION, INCLUDING REASONABLE ATTORNEY'S FEES. X <i>[Signature]</i> GENERATOR/CUSTOMER SIGNATURE			

BOX 1800 • ELGIN, IL 60121  
312/697-8460  
ADDRESS CORRECTION REQUESTED

FIRST CLASS MAIL  
U.S. POSTAGE PAID  
POST CARD RATE  
PERMIT 728  
ELGIN, ILL.

FED. ID NO. 39-6090019

SCHEDULED VICE WEEK	SCHEDULED SERVICE TERRITORY	REFERENCE NUMBER
23	03-07	357236
MANIFEST NUMBER XXXXX		

ZIP + 4

IMPL	CUST. ORDER NO.
41.50	
55.50	
55.50	
SERVICE DATE	
06-09-87	
INVOICE NUMBER	
357236	
27	\$152.50

GENERATOR/CUSTOMER PHONE #	MAJOR INDUSTRIAL	O.C.	SVC P/S	PROD. P/S	SERVICE TAX	C.O.M.S. TAX	PRODUCT TAX
712-278-2351	NO	YES	501	001			.04

MACHINE SERVICE SECTION

ES	TOTAL CHARGE	SERVICE TERM	CHANGE SERVICE TO (WEEKS) (INITIAL)	REMARKS	MACHINE INSPECTION SECTION (PLEASE CHECK APPROPRIATE BOXES)
10	41.50	08			MACHINE CONDITION & CLEANLINESS
10	55.50	08			LAMP ASSEMBLY CONDITION
10	55.50	08			DECALS IN PLACE AND LEGIBLE
					FUSIBLE LINK INSTALLED
					EMERGENCY CLOSING OF LID UNOBSTRUCTED
					MACHINE PROPERLY GROUNDED
					LOCAL PHONE NO. STICKER AFFIXED TO MACHINE

GENERATOR USA EPA ID NO.	GENERATOR STATE ID NO.
IA0022206890	
152.50	16-420-4272

UNIFORM HAZARDOUS WASTE MANIFEST INFORMATION

CONTAINERS	PAIS NO. DM	SSPW TANKS DF	16 GAL. NO. DM	30 GAL. NO. DM

US DOT Description (including Proper Shipping Name, Hazard Class, and ID Number)  
Waste, Petroleum Naphtha, Combustible Liquid, UN 1255  
Waste, Compound, Cleaning, Liquid, Corrosive Material, NA 1760

I certify that my hazardous waste streams total less than 250 pounds (100 kg) for this calendar month, and that I am not required to obtain an EPA identification number.

GENERATOR'S INITIALS *3/1*

Total Quantity = Number of Drums x Ave. Wt/Drum of Pails 35, SSPW TANKS 27, 16 Gal. 45, 30 Gal. 80

DESIGNATED FACILITY NAME AND ADDRESS: SAFETY-KLEEN CORP.  
2000 N WESTPORT AVE SIOUX FALLS, SD 57107  
USA EPA ID NO. SD0000716696  
STATE ID NO.

PRODUCT SALES SECTION

PRODUCT NUMBER	DEALER PRICE	U/M	QUANTITY DELIVERED	SALES AMOUNT	TAX	LINE TOTAL
101	43.50CS					
104	49.00CS					
105	47.50CS					
106	49.00CS					
107	43.50CS					
108	49.00CS					
602	7.75EA					
604	15.50EA					
610	2.78EA					
611	2.78EA					
619	3.77EA					
666	28.80BX					
10666	117.00BX					

PRODUCT NUMBER	DEALER PRICE	U/M	QUANTITY DELIVERED	SALES AMOUNT	TAX	LINE TOTAL
609	65.00EA					
612	9.85PR					
600	3.70EA					
613	10.60EA					
614	7.40EA					
615	6.50EA					

PAYMENT RECEIVED SECTION

CASH <input type="checkbox"/>	TOTAL RECEIVED	APPLY PAYMENT TO:
CHECK NUMBER		<input type="checkbox"/> TODAY'S SERVICE/SALE <input type="checkbox"/> PREVIOUS BALANCE AS FOLLOWS
IN #	AMOUNT \$	
IN #	AMOUNT \$	
INV. #	AMOUNT \$	

TOTAL PRODUCT AMOUNTS

CHARGE MY ACCOUNT FOR THIS TRANSACTION UNLESS OTHERWISE INDICATED IN THE PAYMENT RECEIVED SECTION. ALSO I HAVE NOTED THE MACHINE INSPECTION SECTION ABOVE AND THE PRESENCE OF MACHINE, SOLVENT AND RECLAMATION AGREEMENT INFORMATION ON THE REVERSE SIDE. THE ABOVE AMOUNT IS SUBJECT TO AN INTEREST CHARGE OF THE LESSOR OF 1 1/2% PER MONTH (18% PER ANNUM) OR THE MAXIMUM RATE ALLOWED BY LAW ON ANY UNPAID INVOICES THAT ARE NOT PAID WITHIN 30 DAYS.

TOTAL SERVICE AMOUNT (FROM ABOVE)

TOTAL DUE

152.50  
IN THE EVENT OF DEFAULT, SAFETY-KLEEN SHALL BE ENTITLED TO RECOVER COSTS OF COLLECTION, INCLUDING REASONABLE ATTORNEY'S FEES.  
x *Robert Vander Plas*  
GENERATOR/CUSTOMER SIGNATURE

SEE REVERSE SIDE FOR IMPORTANT INFORMATION

CUSTOMER SERVICE/SALES ACKNOWLEDGEMENT



DUNS NO. 05106-0408

FOR SERVICE CALL

FED. ID NO. 39-6090019

TRANSPORTER

ILLINOIS 60123

STEVEN PADGETT

BOX 1800 • ELGIN, IL 60121

312/697-8460

ADDRESS CORRECTION REQUESTED

IMPL

41.50  
55.50  
55.50

CUST. ORDER NO.

SERVICE DATE

04-16-87

INVOICE NUMBER

761031

FIRST CLASS MAIL  
U.S. POSTAGE PAID  
POST CARD RATE  
PERMIT 728  
ELGIN, ILL.

ZIP + 4

SCHEDULED SERVICE WEEK	SCHEDULED SERVICE TERRITORY	REFERENCE NUMBER
87- 15	03-07	761031
MANIFEST NUMBER		XXXXX

ON DAYS	PREVIOUS BALANCE	PORTION OVER 60 DAYS
XXX		
SERVICE TAX	C.O.M.S. TAX	PRODUCT TAX
		.04

37 \$152.50

ES X	TOTAL CHARGE	SERVICE TERM	SERVICE TO (WEEKS) (MONTHS)	REMARKS	MACHINE INSPECTION SECTION (PLEASE CHECK APPROPRIATE BOXES)
00	41.50	08			MACHINE CONDITION & CLEANLINESS <input type="checkbox"/> GOOD <input type="checkbox"/> POOR
00	55.50	08			LAMP ASSEMBLY CONDITION <input type="checkbox"/> YES <input type="checkbox"/> NO
00	55.50	08			DECALS IN PLACE AND LEGIBLE <input type="checkbox"/> YES <input type="checkbox"/> NO
					FUSIBLE LINK INSTALLED <input type="checkbox"/> YES <input type="checkbox"/> NO
					EMERGENCY CLOSING OF LID UNOBSTRUCTED <input type="checkbox"/> YES <input type="checkbox"/> NO
					MACHINE PROPERLY GROUNDED <input type="checkbox"/> YES <input type="checkbox"/> NO
					LOCAL PHONE NO. STICKER APPLIED TO MACHINE <input type="checkbox"/> YES <input type="checkbox"/> NO

TOTAL SERVICE SECTION

\$152.50

GENERATOR USA EPA ID NO.

IAD022206890

GENERATOR STATE/ID NO.

16-420-4272

## UNIFORM HAZARDOUS WASTE MANIFEST INFORMATION

## CONTAINERS

PAILS NO. DM	16 GAL. NO. DM	30 GAL. NO. DM
	1	2

US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

Waste, Petroleum Naphtha, Combustible Liquid, UN 1255

Waste, Compound, Cleaning, Liquid, Corrosive Material, NA 1780

GENERATOR'S INITIALS

Total Quantity = Number of Drums x Ave. W/Drum of: Pails 35, 16 Gal. 45, 30 Gal. 80

DESIGNATED FACILITY NAME AND ADDRESS:

SAFETY-KLEEN CORP.

USA EPA ID NO.

SD0000716696

2000 N WESTPORT AVE

SIOUX FALLS, SD

57107

STATE ID NO.

## PRODUCT SALES SECTION

PRODUCT NUMBER	DEALER PRICE	U/M	QUANTITY DELIVERED	SALES AMOUNT	TAX	LINE TOTAL
101	43.50	CS				
104	49.00	CS				
105	47.50	CS				
105	49.00	CS				
107	43.50	CS				
108	49.00	CS				
602	7.75	EA				
604	15.50	EA				
610	2.78	EA				
611	2.78	EA				
619	3.77	EA				
666	28.80	BX				
10666	117.00	BX				

PRODUCT NUMBER	DEALER PRICE	U/M	QUANTITY DELIVERED	SALES AMOUNT	TAX	LINE TOTAL
609	65.00	EA				
612	9.85	PR				
600	3.75	EA				
613	10.60	EA				
614	7.40	EA				
615	6.50	EA				

## PAYMENT RECEIVED SECTION

CASH <input type="checkbox"/>	TOTAL RECEIVED	APPLY PAYMENT TO:
CHECK NUMBER		<input type="checkbox"/> TODAY'S SERVICE/SALE
		<input type="checkbox"/> PREVIOUS BALANCE AS FOLLOWS
INV. #	AMOUNT \$	
INV. #	AMOUNT \$	
INV. #	AMOUNT \$	

## TOTAL PRODUCT AMOUNTS

CHARGE MY ACCOUNT FOR THIS TRANSACTION UNLESS OTHERWISE INDICATED IN THE PAYMENT RECEIVED SECTION. ALSO I HAVE NOTED THE MACHINE INSPECTION SECTION ABOVE AND THE PRESENCE OF MACHINE, SOLVENT AND RECLAMATION AGREEMENT INFORMATION ON THE REVERSE SIDE. THE ABOVE AMOUNT IS SUBJECT TO AN INTEREST CHARGE OF THE LESSOR OF 1 1/2% PER MONTH (18% PER ANNUM) OR THE MAXIMUM RATE ALLOWED BY LAW ON ANY UNPAID INVOICES THAT ARE NOT PAID WITHIN 30 DAYS.

## TOTAL SERVICE AMOUNT (FROM ABOVE)

TOTAL DUE

152.50

IN THE EVENT OF DEFAULT, SAFETY-KLEEN SHALL BE ENTITLED TO RECOVER COSTS OF COLLECTION INCLUDING REASONABLE ATTORNEY'S FEES.

GENERATOR/CUSTOMER SIGNATURE

SERVICE/SALES ACKNOWLEDGEMENT CUSTOMER

FORM NO. 700-08-12 (REV. 10/86)

ATTACHMENT E

REGION VII COMPLIANCE EVALUATION CHECKLIST

RCRA SITE INSPECTION CHECKLIST

A. Site Name Siouxi Implement Company B. Street (or other identifier) Hwy 10 - Box 38  
C. City Ireton D. State Iowa E. Zip Code 51027 F. County Name \_\_\_\_\_  
G. Site Operator Information  
1. Name Floyd Fretz 2. Telephone Number 712-278-2351  
3. Street Hwy 10 4. City Ireton 5. State Iowa 6. Zip Code 51027  
H. Site Description Farm Implement Sells and Repair  
I. Type of Ownership  
☐ 1. Federal ☐ 2. State ☐ 3. County ☐ 4. Municipal ☒ 5. Private  
J.  
☒ 1. Generator ☐ 2. Transporter ☐ 3. Treatment ☐ 4. Storage ☐ 5. Disposal

INSPECTION INFORMATION

A. Principal Inspector Information  
1. Name Rosemary Glenn 2. Title Geologist  
Terry Hagen Civil Engineer  
3. Organization Jacobs Engineering Group, Inc. 4. Telephone No. (area code & No.) 913-492-9218  
B. Inspection Participants  
Rosemary Glenn - Jacobs  
Terry Hagen - Jacobs  
Floyd Fretz - Service Manager - Siouxland Implement



RCRA COMPLIANCE INSPECTION REPORT  
GENERATOR'S CHECKLISTSection A - Hazardous Waste Determination

1. Does facility generate any wastes excluded from regulation (40 CFR 261.4)?

☒ Yes ☐ No

If yes, list wastes and quantities and explain ultimate disposition: boxes - paper - ash etc to local landfill  
Scrap metal and batteries bought by recycler  
Used oil recycled

2. Does facility generate any wastes listed in Subpart D of 40 CFR Part 261?

☒ Yes ☐ No

If yes, list wastes and quantities: Safety-Kleen  
solvents

3. Does facility generate any wastes that exhibit a hazardous characteristic (Subpart C, 40 CFR Part 261)?

☒ Yes ☐ No

a. If yes, list wastes and quantities: above

b. Was determination of characteristic made by:

1) Testing of wastes in accordance with methods in Subpart C, 40 CFR, Part 261?

☐ Yes ☒ No

2) Applying knowledge of waste regarding material or processes used?

☒ Yes ☐ No

4. Does facility generate any other solid wastes?

☒ Yes ☐ No

a. If yes, were wastes determined non-hazardous by testing?

☐ Yes ☒ No

b. If wastes were determined as non-hazardous by applying knowledge of wastes or processes, list wastes and quantities generated (include processes used):

Normal trash

Section B - EPA Identification Number

§262.12 Does generator have an EPA ID Number?

☒ Yes ☐ No

1. If yes, EPA ID No: I A D 0 2 2 2 0 6 8 9 0

2. If no, does facility meet small quantity generator requirements of 40 CFR, 261.5?

☐ Yes ☐ No

Section C - Manifest

1. Does generator ship wastes off-site? ☒ Yes ☐ No

a. If no, do not fill out Sections C and D.

b. If yes, identify primary off-site facility(s).  
(Use narrative explanations sheet.)

§262.20

2. Does generator use manifests? ☐ Yes ☒ No

a. If no, is generator a small quantity generator? ☒ Yes ☐ No

§262.21

b. If yes, does manifest include the following information? N/A

1) Manifest Document No.

2) Generators Name, Mailing Address, Telephone # ☐ Yes ☐ No

3) Generator EPA I.D. No. ☐ Yes ☐ No

4) Transporter(s) Name and EPA I.D. No. ☐ Yes ☐ No

5)(a) Facility Name, Address and EPA I.D. No. ☐ Yes ☐ No

Alternate Facility Name, Address and EPA  
I.D. No., if any, or (optional) ☐ Yes ☐ No

Instructions to transporter to return  
wastes if undeliverable? (optional) ☐ Yes ☐ No

6) Description of waste(s) required by DOT -  
proper shipping name, etc. ☐ Yes ☐ No

7) Total quantity of each waste by units (weight  
or volume), number and type of containers. ☐ Yes ☐ No

8) Emergency Information (optional) (special  
handling instructions, phone no.) ☐ Yes ☐ No

9) The following certification:

"This is to certify that the above named materials  
are properly classified, described, packaged, marked  
and labeled and are in proper condition for trans-  
portation according to the applicable regulations of  
the Department of Transportation and the EPA."

§262.23

3. Does generator accomplish the following? N/A

a. Sign and date each manifest? ☐ Yes ☐ No

b. Obtain signed and dated copy of each manifest  
from transporter? ☐ Yes ☐ No

d. Retain one signed copy of manifest from designated facility?      Yes      No

**5262.40**

1. Does generator keep the following reports for 3 years? N/A

b. Annual/Biennial Reports Yes No

c. Exception Reports \_\_\_ Yes \_\_\_ No

d. Test Results, waste analysis, etc.        Yes        No

2. Where are records kept (at facility or elsewhere)?

3. Who is in charge of keeping the records?

Name \_\_\_\_\_ Title \_\_\_\_\_

5262.50

### Section E - Special Conditions

Has generator exported hazardous wastes to/from a foreign country? Yes ☒ No ☐

a. If yes, has he filed a notice with the Regional Administrator?

b. Is this waste manifested and signed by Foreign consignee?      Yes      No

c. If generator transported wastes out of the country has he received confirmation of delivered shipment? \_\_\_ Yes \_\_\_ No

## Section F - Pre-Transport Requirements

N/A

**\$262.30**

1. Does Generator package waste in accordance with 49 CFR Parts 173, 178, and 179? (DOT requirements)      Yes      No

**§262.31**

2. Does the Generator use DOT labeling requirements in accordance with 49 CFR Part 172?        Yes        No

**\$262.32**

3. Does the generator mark each package in accordance with 49 CFR Part 172?            Yes            No

4. Is each container of 110 gallons or less marked with the following label?

Yes No

HAZARDOUS WASTE - Federal Law Prohibits Improper Disposal. If found, contact the nearest police or public safety authority or the U.S. Environmental Protection Agency.

Generator's Name and Address \_\_\_\_\_  
Manifest Document Number \_\_\_\_\_

§262.33

5. Does generator have placards to offer to transporters?

Yes No

Section G - Accumulation Time

Does generator accumulate wastes on-site for more than 90 days?

Yes ☒ No

a. If yes, has generator been granted an extension by proper authority?

Yes No

1) If yes, is extension for more than 30 days?

Yes No

2) If no, generator is an operator of a storage facility and is subject to the requirements of 40 CFR Part 265. (Complete Facility's Checklist)

b. If no, does generator accomplish the following:

1) Places wastes in containers or tanks?

Yes No

Note: If containers are used, fill out checklist for containers. If tanks are used, fill out checklist for tanks (Items b & c are not applicable).

2) Clearly marks each container with the date upon which each period of accumulation begins?

Yes No

3) Clearly marks or labels each container and tank with the words "Hazardous Waste"?

Yes No

Note: If generator accumulates wastes on-site for 90 days or less, complete Sections H, I, and J

Section H - Personnel Training

N/A

§265.16

8. Does facility have a training program?

Yes ☒ No

a. Are the following records maintained?

1) Job title and name of individual filling each job? \_\_\_\_\_

Yes No

2) Written description of each job? \_\_\_\_\_

Yes No

3) Written description of type and amount of training to be given? \_\_\_\_\_

Yes No

4) Documentation of training given? \_\_\_\_\_

Yes No

b. Is an annual review of training accomplished? \_\_\_\_\_

Yes No

c. Are the training records maintained at the facility? \_\_\_\_\_

Yes No

d. How long are records kept for: \_\_\_\_\_

1) Current employees? \_\_\_\_\_

2) Former employees? \_\_\_\_\_

Section 1 - Preparedness and Prevention ~~N/A~~

§265.31

1. Is there evidence of fire, explosion or contamination of the environment? \_\_\_\_\_

Yes ☒ No

If yes, use narrative explanation sheet to explain.

2. Is the facility equipped with (as appropriate): \_\_\_\_\_

a. Internal communication or alarm system? \_\_\_\_\_

☒ Yes No

b. Telephone or two-way radio to call emergency response personnel? \_\_\_\_\_

☒ Yes No

c. Portable fire extinguishers, fire control equipment, spill control equipment and decontamination equipment? \_\_\_\_\_

☒ Yes No

d. Water of adequate volume and pressure for hoses, sprinklers or water spray systems? \_\_\_\_\_

☒ Yes No

Describe source of water \_\_\_\_\_

§265.33

3. Are all communications or alarm systems, fire protection equipment, spill control equipment, and decontamination equipment, where required, tested and maintained to assure proper operation? \_\_\_\_\_

Yes No

- §265.34 4. Are communications or alarm systems, where required, readily accessible? ☐ Yes ☐ No
- §265.35 5. Is there sufficient aisle space to allow unobstructed movement of personnel and equipment in an emergency? ☐ Yes ☐ No
- §265.37 6. Has the owner/operator attempted to make the following arrangements with the local authorities as appropriate:
- a. To familiarize police, fire departments and emergency response teams with layout of facility, properties of hazardous waste handled and associated hazards, places where personnel would normally be working, entrances to roads inside facility and possible evacuation routes? ☐ Yes ☐ No
  - b. In the case where more than one police and fire department might respond, agreements designating primary emergency authority? ☐ Yes ☐ No
  - c. Agreements with State emergency response teams, emergency response contractors and equipment suppliers? ☐ Yes ☐ No
  - d. To familiarize local hospitals with the properties of hazardous wastes handled and types of injuries or illnesses that would result? ☐ Yes ☐ No
7. Where state or local authorities decline to enter into such arrangements, is this documented in the operating record? ☐ Yes ☐ No

---

Section J. Contingency Plan and Emergency Procedures

N/A

- §265.52 1. Does the facility have a contingency plan? ☐ Yes ☒ No
- a. Is it an amendment to a Spill Prevention Control and Countermeasures (SPCC) Plan? ☐ Yes ☐ No
  - b. Does the plan include:
    - 1) Arrangements with local authorities to coordinate emergency services? ☐ Yes ☐ No
    - 2) List of names, addresses and phone numbers of emergency coordinators? ☐ Yes ☐ No
    - 3) List of all emergency equipment at facility? ☐ Yes ☐ No
    - 4) Evacuation plan? ☐ Yes ☐ No

c. Is a copy of the contingency plan and all revisions:

1) Maintained at the facility?

\_\_\_ Yes \_\_\_ No

2) Submitted to all local authorities that may be called upon to provide services?

\_\_\_ Yes \_\_\_ No

\$265.55

2. Is there an emergency coordinator on site or on call at all times?

\_\_\_ Yes \_\_\_ No

3. Have there been any incidents requiring the implementation of the contingency plan?

\_\_\_ Yes \_\_\_ No

RCRA COMPLIANCE INSPECTION REPORT  
INTERIM STATUS FACILITY'S CHECKLISTSection A - General Facility Standards

- §265.11 1. Does facility have an EPA Identification No.? Yes No
- a. If yes, EPA I.D. No. \_\_\_\_\_
- b. If no, explain \_\_\_\_\_

- §265.12 2. Has facility received hazardous waste from a foreign source? Yes No

General Waste Analysis

- §265.13 3. Has facility obtained detailed chemical and physical data of waste prior to treatment, storage or disposal? Yes No

- a. Was data determined from:
- (1) Knowledge of processes/wastes? Yes No
- (2) Actual analysis of representative sample? Yes No

- b. Are analysis repeated as necessary to ensure data is accurate and up-to-date? Yes No

- c. (For off-site facility) Does owner/operator inspect and, if necessary, analyze each waste movement received? Yes No

4. Does facility have a written waste analysis plan? Yes No

- a. Is the plan kept at the facility? Yes No

- b. Does the plan include:

- (1) Parameters for which each waste will be analyzed? Yes No

- (2) Test methods used to test for these parameters? Yes No

- (3) Sampling method used to obtain sample? Yes No

- (4) Frequency with which initial analyses will be reviewed or repeated? Yes No

- (5) (For off-site facility) Waste analysis that generators have agreed to supply? Yes No



(6) (For off-site facility) Procedures which are used to inspect and, if necessary, analyze each movement of hazardous waste received including: ☐ Yes ☐ No

(a) Procedures used to determine the identity of each movement of waste? ☐ Yes ☐ No

(b) Sampling method to obtain representative sample of waste to be identified ☐ Yes ☐ No

Security

§265.14

5. Does the facility provide adequate security through:

a. 24-hour surveillance system? (e.g. television monitoring or guards) ☐ Yes ☐ No

OR

b. Artificial or natural barrier around facility (e.g. fence or fence and cliff)? ☐ Yes ☐ No  
Describe \_\_\_\_\_

And means to control entry through entrances (e.g. attendant, television monitors, locked entrance, controlled roadway access)? ☐ Yes ☐ No  
Describe \_\_\_\_\_

c. Are signs with the legend, "Danger - Unauthorized Personnel Keep Out" posted? ☐ Yes ☐ No

General Inspection Requirements

§265.15

6. Does the owner/operator maintain a written schedule at the facility? ☐ Yes ☐ No

a. Does the schedule include the inspection of:

(1) Monitoring equipment? ☐ Yes ☐ No

(2) Safety and emergency equipment? ☐ Yes ☐ No

(3) Security devices? ☐ Yes ☐ No

(4) Operating and structural equipment? ☐ Yes ☐ No

b. Does the schedule identify the types of problems to be looked for? ☐ Yes ☐ No

7. Does the owner/operator maintain an inspection log?

a. Does it include:

Yes No

(1) Date and time of inspection?

Yes No

(2) Name of inspector?

Yes No

(3) Notation of observation?

Yes No

(4) Date and nature of repairs or remedial action?

Yes No

b. Are there any malfunctions or other deficiencies not corrected? (Use narrative explanation sheet).

### Personnel Training

§265.16

8. Does facility have a training program?

Yes No

a. Are the following records maintained?

(1) Job title and name of individual filling each job?

Yes No

(2) Written description of each job?

Yes No

(3) Written description of type and amount of training to be given?

Yes No

(4) Documentation of training given?

Yes No

b. Is an annual review of training accomplished?

Yes No

c. Are the training records maintained at the facility?

Yes No

d. How long are records kept for:

1) Current employees?

2) Former employees?

### Requirements for Ignitable, Reactive or Incompatible Wastes

§265.17

9. Does facility handle ignitable or reactive wastes?

Yes No

a. If yes, is waste separated and protected from sources of ignition or reaction: open flames, smoking, cutting and welding, hot surfaces, frictional heat,

sparks (static, electrical or mechanical), spontaneous ignition; e.g. from heat-producing chemical reactions, and radiant heat?

\_\_\_ Yes \_\_\_ No

1) If yes, use narrative explanations sheet to describe separation and protection measures.

2) If no, use narrative explanations sheet to describe sources of ignition or reaction?

\_\_\_ Yes \_\_\_ No

b. Are smoking and open flame confined to specifically designed locations?

\_\_\_ Yes \_\_\_ No

c. Are "No Smoking" signs posted in hazardous areas?

\_\_\_ Yes \_\_\_ No

---

Section B - Preparedness and Prevention

§265.31

1. Is there evidence of fire, explosion or contamination of the environment?

\_\_\_ Yes \_\_\_ No

If yes, use narrative explanation sheet to explain.

§265.32

2. Is the facility equipped with (as appropriate)

a. Internal communication or alarm system?

\_\_\_ Yes \_\_\_ No

b. Telephone or two-way radio to call emergency response personnel?

\_\_\_ Yes \_\_\_ No

c. Portable fire extinguishers, fire control equipment, spill control equipment and decontamination equipment?

\_\_\_ Yes \_\_\_ No

d. Water of adequate volume and pressure for hoses, sprinklers or water spray systems?

\_\_\_ Yes \_\_\_ No

Describe source of water \_\_\_\_\_

§265.33

3. Are all communications or alarm systems, fire protection equipment, spill control equipment and decontamination equipment where required, tested and maintained to assure proper operation?

\_\_\_ Yes \_\_\_ No

§265.34

4. Are communications or alarm systems, where required, readily accessible?

\_\_\_ Yes \_\_\_ No

§265.35

5. Is there sufficient aisle space to allow unobstructed movement of personnel and equipment in an emergency?

\_\_\_ Yes \_\_\_ No

§265.37

6. Has the owner/operator attempted to make the following arrangements with the local authorities as appropriate:
- a. To familiarize police, fire departments and emergency response teams with layout of facility, properties of hazardous waste handled and associated hazards, places where personnel would normally be working, entrances to roads inside facility and possible evacuation routes? ☐ Yes ☐ No
  - b. In the case where more than one police and fire department might respond, agreements designating primary emergency authority? ☐ Yes ☐ No
  - c. Agreements with State emergency response teams, emergency response contractors and equipment suppliers? ☐ Yes ☐ No
  - d. To familiarize local hospitals with the properties of hazardous wastes handled and types of injuries or illnesses that would result? ☐ Yes ☐ No
7. Where state or local authorities decline to enter into such arrangements, is this documented in the operating record? ☐ Yes ☐ No

---

Section C. Contingency Plan and Emergency Procedures

§265.52

1. Does the facility have a contingency plan? ☐ Yes ☐ No
- a. Is it an amendment to a Spill Prevention Control and Countermeasures (SPCC) Plan? ☐ Yes ☐ No
  - b. Does the plan include:
    - (1) Arrangements with local authorities to coordinate emergency services? ☐ Yes ☐ No
    - (2) List of names, addresses and phone numbers of emergency coordinators? ☐ Yes ☐ No
    - (3) List of all emergency equipment at facility? ☐ Yes ☐ No
    - (4) Evacuation plan ☐ Yes ☐ No
  - c. Is a copy of the contingency plan and all revisions:
    - (1) Maintained at the facility? ☐ Yes ☐ No
    - (2) Submitted to all local authorities that may be called upon to provide services? ☐ Yes ☐ No

§265.55 2. Is there an emergency coordinator on site or on call  
at all times? ☐ Yes ☐ No

3. Have there been any incidents requiring the imple-  
mentation of the contingency plan? ☐ Yes ☐ No

---

Section D. Manifest System, Recordkeeping and Reporting

§265.71 1. Does facility receive hazardous wastes from off-site  
sources? (If no, proceed to question 2) ☐ Yes ☐ No

a. Are hazardous waste shipments accompanied by a  
manifest? ☐ Yes ☐ No

1) If yes, does owner/operator:

a. Sign and date each copy of manifest? ☐ Yes ☐ No

b. Note any significant discrepancies on each  
copy of manifest? ☐ Yes ☐ No

c. Give transportor signed copy of manifest? ☐ Yes ☐ No

d. Send copy of signed copy of manifest to  
generator within 30 days? ☐ Yes ☐ No

e. Retain copy of each manifest? ☐ Yes ☐ No

2) Does facility receive any wastes from a rail  
or water (bulk shipment) transporter? ☐ Yes ☐ No

a. If yes, is it accompanied by a shipping  
paper? ☐ Yes ☐ No

b. If accompanied by a shipping paper, does  
the owner/operator utilize it as a manifest? ☐ Yes ☐ No

§265.76 3) If no, does owner/operator submit an unmani-  
fested waste report? ☐ Yes ☐ No

§265.72 b. If facility has received any shipments of wastes  
that were inconsistent with the manifest, did owner/  
operator:

1) Attempt to reconcile the discrepancy with the  
generator or transporter? ☐ Yes ☐ No

2) Submit letter to Regional Administrator on  
unresolved discrepancies? ☐ Yes ☐ No

§265.71 2. Does owner/operator initiate shipments of hazardous wastes from facility? ☐ Yes ☐ No

If yes, does owner/operator meet Part 262 requirements? (Complete Generator's Checklist) ☐ Yes ☐ No

§265.73 3. Does owner/operator maintain a written operating record at the facility? ☐ Yes ☐ No

If yes, does it include:

a. Description and quantity of each hazardous wastes received? ☐ Yes ☐ No

b. Method and date of treatment, storage or disposal? ☐ Yes ☐ No

c. Location and quantity of each hazardous wastes within facility? ☐ Yes ☐ No

d. Records and results of waste analysis? ☐ Yes ☐ No

e. Reports of incidents requiring implementation of contingency plan? ☐ Yes ☐ No

f. Records and results of inspections? ☐ Yes ☐ No

g. Monitoring, testing or analytical data where required? ☐ Yes ☐ No

h. Closure cost estimates and (for disposal facilities) post-closure cost estimates? ☐ Yes ☐ No

§265.75 4. Does owner/operator submit biennial reports to the Regional Administrator? ☐ Yes ☐ No

---

Section E. Closure and Post-Closure

§265.13 1. Does the facility have a written closure plan? ☐ Yes ☐ No

a. Is a copy of the plan and all revisions to the plan kept at the facility? ☐ Yes ☐ No

b. Does the plan include?

(1) A description of how and when the facility will be partially closed, if applicable, and finally closed? ☐ Yes ☐ No

(2) An estimate of the maximum inventory of wastes in storage and in treatment at any time? ☐ Yes ☐ No

(3) A description of how equipment will be decontaminated? ☐ Yes ☐ No

(4) An estimate of the expected year of closure and a schedule for final closure? ☐ Yes ☐ No

(5) How the applicable requirements of §265.197 (tanks), §265.228 (surface impoundments), §265.258 (waste piles), §265.280 (land treatment), §265.310 (landfills), §265.351 (incinerators), §265.381 (thermal treatment), and §265.404 (chemical, physical and biological treatment) are to be met? ☐ Yes ☐ No

c. If closure is occurring or has occurred, was the closure plan submitted to the Regional Administrator 180 days prior to the date closure was/is to begin? ☐ Yes ☐ No

§265.113 (1) Was closure/is closure being completed within the time allowed? ☐ Yes ☐ No

(2) Was closure/is closure being completed in accordance with the approved closure plan? ☐ Yes ☐ No

§265.115 (3) Was a certification submitted to the Regional Administrator upon completion of closure? ☐ Yes ☐ No

§265.117 2. (Disposal facilities only) Is the facility required to have post-closure care? ☐ Yes ☐ No

a. If required, does the facility have a copy of the written post-closure plan with all revisions at the facility? ☐ Yes ☐ No

§265.118 b. If required, does the plan identify the activities and frequency of these activities which will be carried on after closure? ☐ Yes ☐ No

#### Section F. Financial Requirements

§265.142 1. Does the facility have the latest closure cost estimate or adjusted closure cost estimate on hand? ☐ Yes ☐ No

a. Does the owner/operator adjust the closure cost estimate annually or revise the closure cost estimate when the closure plan is charged? ☐ Yes ☐ No

§265.143 b. Has the owner/operator established financial assurance for closure? ☐ Yes ☐ No

§265.144 2. (For disposal facilities only). Does the facility have the latest post-closure cost estimate or adjusted closure cost estimate on hand? ☐ Yes ☐ No

a. Does the owner/operator adjust the post-closure cost estimate annually or revise it when the post-closure plan is changed?

Yes No

§265.145

b. Has the owner/operator established financial assurance for post-closure?

Yes No

§265.146

3. Has the owner/operator demonstrated financial responsibility for sudden accidental occurrences either by having liability insurance or by passing the financial test for liability coverage, or combination of the two?

Yes No

§265.147

4. (For surface impoundments, landfills, or land treatment only). Has the owner/operator demonstrated financial responsibility for nonsudden occurrences either by having liability insurance or by passing the financial test for liability, or combination of the two?

Yes No



RCRA COMPLIANCE INSPECTION REPORT  
CONTAINERS CHECKLIST

N/A

Subpart I  
40 CFR Part 265

- §265.171 1. Are all containers in good condition; i.e., not showing signs of leakage, corrosion or any other deterioration/ deformation? ☐ Yes ☐ No
- §265.172 2. Are containers lined or made of materials compatible with hazardous wastes placed into them so that containers will not react with the hazardous wastes? ☐ Yes ☐ No
- §265.173 3. Are all containers holding hazardous wastes kept closed during storage? ☐ Yes ☐ No
- §265.174 4. Are areas where hazardous wastes containers are stored inspected at least once a week? ☐ Yes ☐ No
5. Is an inspection log maintained? ☐ Yes ☐ No
- §265.176 6. Are containers holding ignitable or reactive wastes located at least 15 meters (50 feet) from the facility's property line? ☐ Yes ☐ No
- §265.177 7. Are incompatible wastes or incompatible wastes and materials, placed in the same container? ☐ Yes ☐ No
8. Are storage containers holding hazardous wastes which are incompatible with nearby materials separated or protected by means of a dike, berm, wall or other device. ☐ Yes ☐ No

RCRA COMPLIANCE INSPECTION REPORT *N/A*  
TANKS CHECKLISTSubpart J.  
40CFR Part 265

- §265.112 1. Are there any tanks which are not being used which the facility no longer plans to use?      Yes      No
- §265.197 If yes, has all hazardous waste and hazardous waste residue been removed from these tanks, discharge control equipment, an discharge confinement structures?      Yes      No
- §265.190 2. Are tanks presently used to treat or store waste?      Yes      No
- a. If no, do not complete rest of form.  
b. If yes, check tanks.
- (1) Is there evidence that incompatible wastes have been placed in the tank?      Yes      No
- (2) Is there evidence of any ruptures, leaks or corrosion?      Yes      No
- (3) Is the tank used for one waste exclusively?      Yes      No
- §265.192 3. Are there any uncovered tanks?      Yes      No
- a. If no, do not complete b-e.  
b. If yes, do they have 2 feet (60cm) freeboard?      Yes      No
- or
- c. A containment structure? (e.g., dike or trench)      Yes      No
- or
- d. A drainage control system?      Yes      No
- or
- e. A diversion structure? (e.g., standby tank (NOTE: The structure in c,d or e must have a capacity that equals or exceeds the volume of the top 2 feet (60cm) of the tank.      Yes      No
- §265.192 4. Are any of the tanks continous feed?      yes      No
- If yes, is it equipped with a means to stop inflow (e.g., waste feed cutoff or by-pass to a stand-by tank)?      Yes      No

3 Waste Analysis:

5. Is the tank used to chemically treat or store a hazardous waste which is substantially different from waste previously treated or stored, or to chemically treat hazardous waste with a substantially different process?

\_\_\_ Yes \_\_\_ No

a. If no, omit b & c below.

b. If yes, has the owner/operator accomplished either of the following prior to treating or storing? \_\_\_ Yes \_\_\_ No

(1) Conducted waste analyses and trial treatment or storage tests?

\_\_\_ Yes \_\_\_ No

(2) Obtained written, documented information on similar storage or treatment of similar wastes under similar conditions?

\_\_\_ Yes \_\_\_ No

c. Are there records available of these waste analyses in the operating record?

\_\_\_ yes \_\_\_ No

Inspections:

94 6. Does the owner/operator inspect the following, where present, at least each operating day?

\_\_\_ Yes \_\_\_ No

a. Discharge control equipment (e.g., waste feed cut-off, by pass and/or drainage systems)?

\_\_\_ Yes \_\_\_ No

b. Monitoring equipment (e.g., pressure and temperature gages)?

\_\_\_ yes \_\_\_ No

c. Level of waste in each uncovered tank?

\_\_\_ yes \_\_\_ No

7. Does the owner/operator inspect the following, where present, at least weekly?

\_\_\_ Yes \_\_\_ No

a. Construction materials of tanks for corrosion or leaks?

\_\_\_ Yes \_\_\_ No

b. Construction materials of and area surrounding discharge confinement structures for erosion or signs of leakage?

\_\_\_ Yes \_\_\_ NO

8. Is a written schedule of these inspections kept at the facility?

\_\_\_ Yes \_\_\_ No

P No. FR001B  
Tanks Checklist

§265.198

9. Are ignitable or reactive wastes placed in tanks?

\_\_yes\_\_no

a. If yes, are they treated, rendered or mixed before or immediately after placement in the tank so it no longer meets the definition of ignitable or reactive?

\_\_yes\_\_no

or

b. Is the waste protected from sources of ignition or reaction?

\_\_yes\_\_no

or

c. Is the tank used solely for emergencies?

\_\_yes\_\_no

§265.198

10. Are incompatible wastes placed in the same tank?

\_\_yes\_\_no

If a waste is to be placed in a tank that previously held an incompatible waste, was that tank washed?

\_\_yes\_\_no

ATTACHMENT F  
SIOUXLAND IMPLEMENT  
RECORD OF PHOTOGRAPHS

## RECORD OF PHOTOGRAPHS

Siouxland Implement Company  
Tretton, Ia

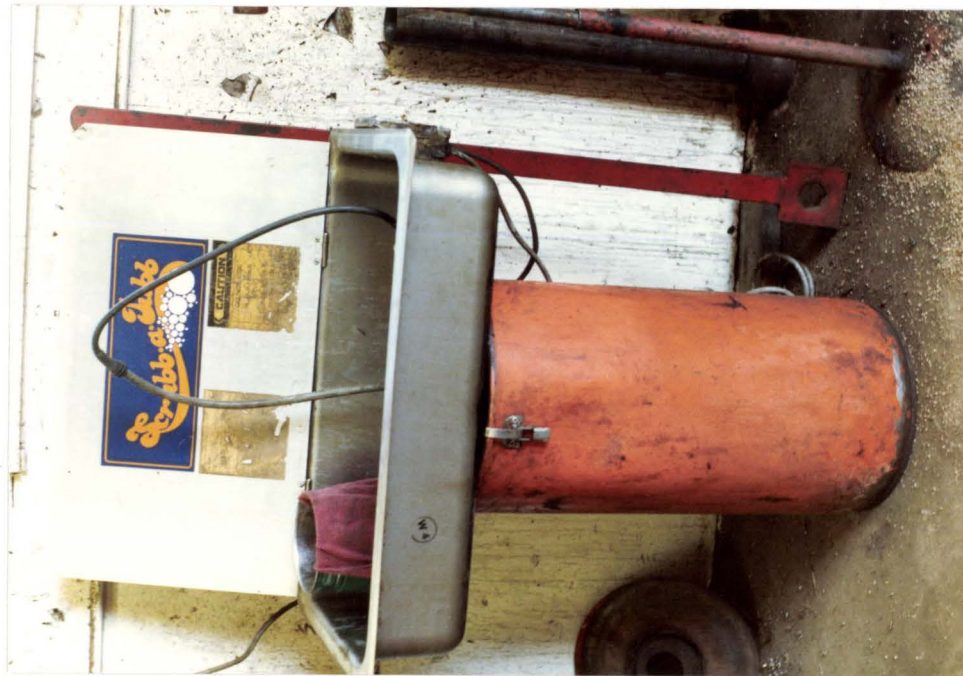
Project Code 05-B-286-00

1m Type KODACOLOR  
A Number 100

OTO NO.	DATE	TIME	FOCAL LENGTH	WEATHER CONDITIONS	LOCATION	DESCRIPTION OF PHOTOGRAPH
1	8-18-87	1300	50 mm	Sunny / clear	Siouxland Implement Tretton, Ia	30 gallon solvent reservoir parts washer serviced by Safety-Kleen
2	"	1310	"	"	"	16 gallon tank solvent reservoir parts washer serviced by Safety-Kleen
3	"	1303	"	"	"	Dip tank containing unknown acidic substance
4						
5						
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Notes: (1) Express Time in 24 hour clock notation; (2) Focal Length is of lens used.

Signature of Photographer Rosemary Glenn (Witness)  
For Rosemary Glenn - Photographer



PHOTOGRAPH # 1  
OFFICIAL PHOTOGRAPH  
JACOBS ENGINEERING GROUP

Subject: 30 Gallon Solvent Reservoir Parts Washer

Location: Siouxland Implement - Ireton, Iowa

Date: August 18, 1987

Time: 1300

Photographer: Rosemary Glenn

Film: Kodacolor ASA 100

File No. 05-B-286-00

Witness: Terry Hagen



PHOTOGRAPH = 2  
OFFICIAL PHOTOGRAPH  
JACOBS ENGINEERING GROUP

Subject: 16 Gallon Solvent Reservoir Parts Washer

Location: Siouxland Implement - Ireton, Iowa

Date: August 18, 1987

Time: 1310

Photographer: Rosemary Glenn

Film: Kodacolor ASA 100

File No. 05-B-286-00

Witness: Terry Hagen





PHOTOGRAPH = 3  
OFFICIAL PHOTOGRAPH  
JACOBS ENGINEERING GROUP

Subject: Parts Corrosion Cleaning Tank Containing Unknown Acidic Substance

Location: Siouxland Implement - Ireton, Iowa

Date: August 18, 1987

Time: 1303

Photographer: Rosemary Glenn

Film: Kodacolor ASA 100

File No. 05-B-286-00

Witness: Terry Hagen